

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

MAY 4 2001

Mr. Howard C. Thomas President Medical Physics and Service, Inc. 10901 Irma Drive, Unit C Denver, Colorado 80233-3610

Re: K002801

Trade/Device Name: MPS M Electrode Regulation Number: 21 CFR 876.5990

Regulatory Class: Class II

Product Code: LNS Dated: March 12, 2001 Received: March 13, 2001

Dear Mr. Thomas:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act and the limitations described below. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

The Office of Device Evaluation has determined that there is a reasonable likelihood that this device will be used for an intended use not identified in the proposed labeling and that such use could cause harm. Therefore, in accordance with Section 513(i)(1)(E) of the Act, the following limitation must appear in the Warnings section of the device's labeling:

The safety and effectiveness of this device for uses other than urological lithotripsy procedures (i.e., fragmentation of urinary calculi) have not been established.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for

Page 2 - Mr. Howard C. Thomas

Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and permits your device to proceed to the market. This letter will allow you to begin marketing your device as described in your 510(k) premarket notification if the limitation statement above is added to your labeling, as described.

Please note that the above labeling limitations are required by Section 513(i)(1)(E) of the Act. Therefore, a new 510(k) is required before these limitations are modified in any way or removed from the device's labeling.

If you desire specific information about the application of other labeling requirements to your device (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4616. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Bernard E. Statland, M.D., Ph.D.

Director

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

Page	of
510(k) Number (if known): <u>K002801</u>	
Device Name: MPS M Electrode	
Indications For Use:	
The MPS M Electrode is intended for use as a replacement spark-gap electrode in Medstone Lithotripter(s) and only by personnel fully trained in the operation of the device (Medstone Lithotripter(s)) and by use or on the order of a physician.	
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON AINEEDED)	NOTHER PAGE IF
Concurrence of CDRH, Office of Device Evaluation (ODE)	
(Optio	onal Format 3-10-98)
(Division Sign-Off) Division of Reproductive Abdominal ENT. Prescription U	lea)
Division of Reproductive, Abdominal, ENT, and Radiological Devices Prescription C (Per 21 CFR 8)	801.109)

510(k) Number ___